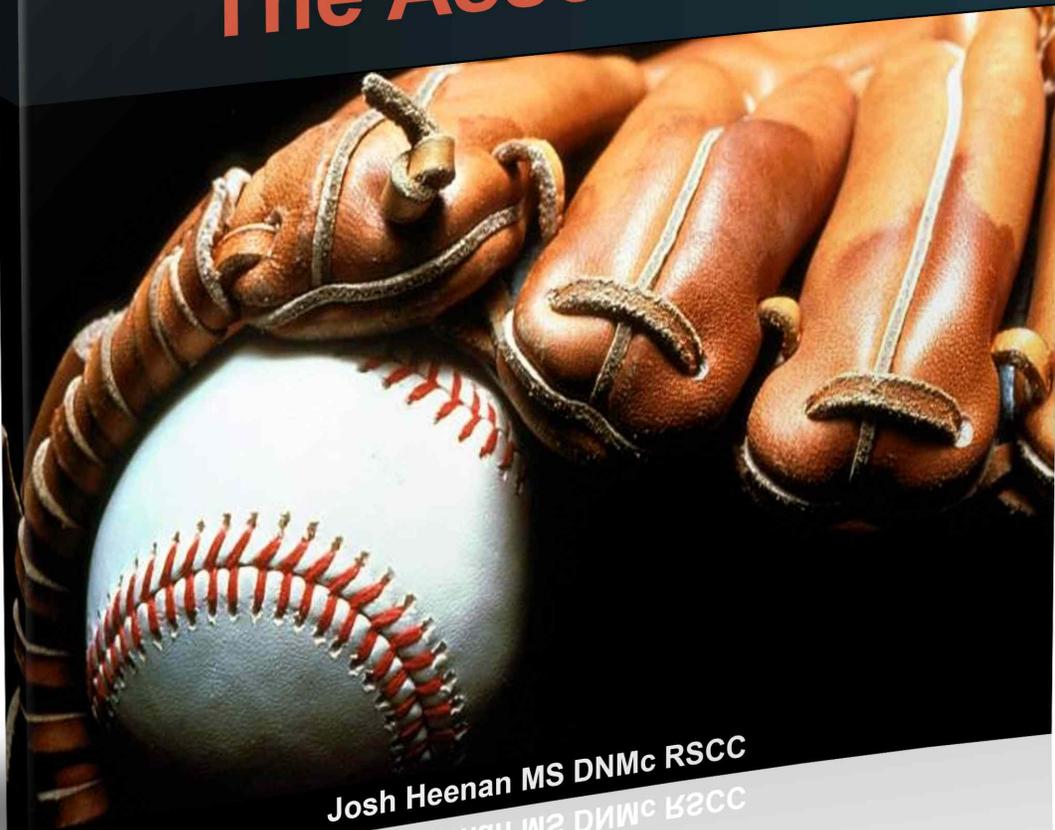


# Building the Perfect Pitcher

The Assessment



Josh Heenan MS DNMc RSCC

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For more information, please contact:

Josh Heenan

Email: [Joshua.heenan@gmail.com](mailto:Joshua.heenan@gmail.com)

Website: <http://www.joshheenan.com>

## Disclaimer

The information in this book is offered for educational purposes only; the reader should be cautioned that there is an inherent risk assumed by the participant with any form of physical activity. Please consult your physician prior to starting any exercise related activity. Anyone participating in these activities should understand that such training initiatives may be dangerous if performed incorrectly, and may not be appropriate for everyone. The author assumes no liability for injury; this is purely an educational manual to guide those already proficient with the demands of such programming.

## **Introduction**

The goal of this assessment is to produce a training program based on each individual athlete's movement. At this early stage, athletes often say "I'll just do the program! I'm in great shape and move well, I'll be fine." While this sort of enthusiasm is to be admired, athletes would do well to take the assessment phase seriously; jumping headlong into a rigorous training program is one of the surest ways to sustain an injury.

Many athletes, especially pitchers, have incredible asymmetries. This leaves them at a higher risk for injury, missed games, and a lack of progression on and off the field. The training choices you make now most likely will lead you down one of two paths. The first is a haphazard approach to training, which can set you up for career ending injuries and/or surgeries, poor movement patterns which will hinder your on-field performance, and muscular imbalances that can cause a

combination of the previous problems. The second approach is to use the following assessments as a roadmap for your training. This allows training to become a scientific endeavor, the results of which are easily tracked and largely within your control.

Below is your self-assessment sheet, which I encourage you to print and date. **For best results, use this sheet after each phase of training and update your warm-up and corrective efforts for the next four weeks.** As you progress, you will begin to move more fluidly in some respects, but in so doing, may find other limitations due to your efforts related to daily life and baseball.

Note: Any flaw in movement that qualifies as “dysfunctional” means that the whole movement is dysfunctional. Please note dysfunctional movements in the self-assessment sheet.

## Self-Assessment Sheet

Self-Assessment	Date:	
Test	Cleared	Dysfunctional
Overhead Squat		
Shoulder Mobility		
Shoulder Impingement		
Active Straight Leg Raise		
Toe Touch		
Seated Hip Internal Rotation		

## The Tests

### Overhead Squat

Stand shoulder width apart with your arms reaching toward the ceiling. Squat 3 times to a comfortable depth. For best assessment take a video to review.

### Cleared Start And Finish Positions



### Dysfunctional Positions



## Shoulder Mobility

Open the athlete's hand and measure from the tip of the middle finger to the heel of the palm (Example here= 8 inches). Make two fists with thumb inside fist. One hand reaches over the shoulder while the other reaches behind the back, see how close together you can get them. Measure the closest distance between the two fists. Perform task on both sides.

Note: Take your measurement as soon as the hand touches the back; no creeping of the hand up or down the back will be acceptable.

### Cleared Position

(Within one hands length example here- 8 inches)



### Dysfunctional Position

(More than one hands length example here- 12 inches)



## **Shoulder Impingement**

Place hand on opposite shoulder. Lift that elbow towards the sky. **Dysfunctional if pain present in shoulder when lifting elbow.**



## Active Straight Leg Raise

Lie on your back with your feet together, arms to the side, and neck relaxed into the ground. Raise one leg as high as possible while the other remains locked on the ground.

## Cleared Finished Positions

(Moving heel passes mid thigh)



## Dysfunctional Finished Positions

(Moving heel does not pass mid thigh)



## Toe Touch

Stand with your feet together and reach to touch your toes without “bouncing” down.

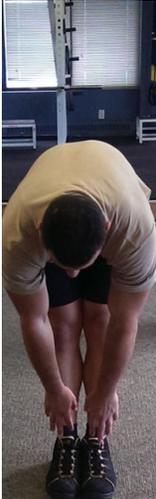
### Cleared Finished Positions

(Touches toes)



### Dysfunctional Finished Positions

(Does not touch toes)



## Seated Hip Internal Rotation

Sit upright on a table with your legs hanging off of the edge. Turn feet away from each other as far as you can without pain. Match with the images below to qualify.

### Cleared Start and Finished Positions



### Dysfunctional Finished Position (Limited hip internal rotation or pain)

